

"HEALTH EQUALITY
FOR ALL"

OMHD

aims to accelerate CDC's health impact in the U.S. population and to eliminate health disparities for vulnerable populations as defined by race/ethnicity, socio-economic status, geography, gender, age, disability status, and risk status related to sex and gender, and among other populations identified to be at-risk for health disparities.



Health Disparities Affecting Minorities

Office of Minority Health and Health Disparities

<http://www.cdc.gov/omhd/>
OMHD@cdc.gov
(404) 498-2320

OMHD - IMPROVING THE HEALTH STATUS OF MINORITIES

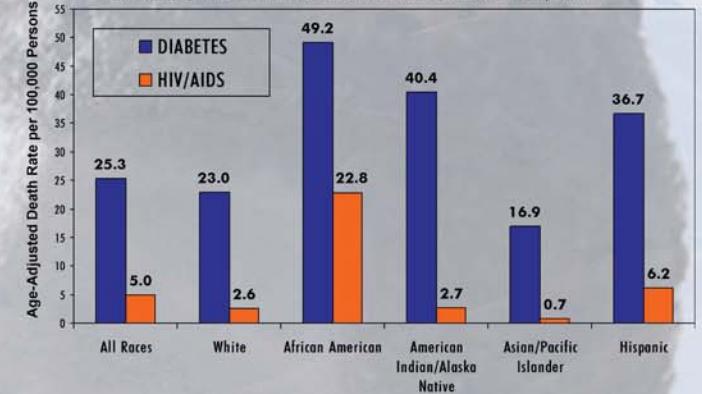
Leads and coordinates minority health programs and activities across CDC.

Establishes cooperative and interagency agreements with national consortiums and organizations to increase the participation of racial and ethnic minority populations in research, health promotion, and disease prevention programs.

Funds and supports minority student internships, fellowships, and other training opportunities to ensure the diversity of the public health workforce.

Facilitates the design and implementation of research on health disparities.

AGE-ADJUSTED MORTALITY RATES PER 100,000 PERSONS BY RACE/ETHNICITY FOR 2 HEALTH FOCUS AREAS: U.S., 2001.



Works with public, non-profit, academia, and private organizations to enhance their capacity to participate in federal programs.

WHY FOCUS ON MINORITY HEALTH?

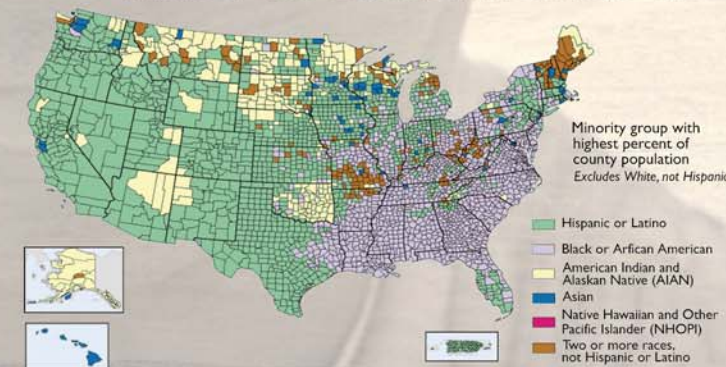
According to the 2000 U.S. Census, 29.1% of the U.S. population or 86.8 million individuals belong to one or more racial or ethnic minority groups.

Minorities will exceed 50% of America's population by the year 2060, according to U.S. Census Bureau projections.

For too many racial and ethnic minorities in our country, good health is elusive, and the quantity and quality of healthcare received inappropriately varies with place of residence, economic status, gender, age, disability status, and other factors.

To identify and remove the conditions that allow disparities between minorities and others.

Minority Prevalence, 2000
Hispanic or Latino Origin and All Races Except White



Until we eliminate health disparities, the U.S. will never achieve its fundamental health goal: Health equality for all.

EXAMPLES OF DISPARITIES

Cancer:

The highest age-adjusted incidence rate of cervical cancer occurs among **Vietnamese American women** (43 per 100,000), almost five times higher than the rate among non-Hispanic white women (7.5 per 100,000).

Cardiovascular Disease (CVD):

Some racial and ethnic minority populations have **higher rates of hypertension**, tend to develop hypertension at earlier age, and are less likely to undergo treatment to control their high blood pressure.

Diabetes:

American Indians and Alaska Natives are 2.6 times more likely to have type 2 diabetes than non-Hispanic whites of similar age; **Native Hawaiians** are 2.5 times more likely to have diagnosed diabetes than non-Hispanic white residents of Hawaii of similar age.

HIV/AIDS:

Although **African American and Hispanic/Latino** persons represented roughly 25% of the country's population in 2000, 66% of AIDS cases reported to CDC were among these populations (26,372 cases versus 13,858 cases for all other populations combined).

Adult Immunization:

Influenza vaccination coverage among adults 65 years of age and older is 70.2% for whites, 52.0% for **African Americans**, and 46.7% for **Hispanics/Latinos**. The gap for pneumococcal vaccination coverage among older adults is even wider, with 60.6% for whites, 36.1% for **African Americans**, and 23.8% for **Hispanics/Latinos**.

Infant Mortality:

In 2001, the infant mortality rate for **African Americans** was 13.3 per 1,000 live births -- more than twice the rate for white Americans (5.7 per 1,000 live births).

WHAT YOU CAN DO

Healthcare Providers

Advise and encourage clients to reduce their risk for chronic and infectious illnesses.

Ensure that standing orders are in place for screening tests.

Advise seniors and medically compromised clients to get pneumococcal and influenza vaccinations.

Conduct foot and kidney exams with diabetic clients during routine healthcare visits and recommend eye screenings annually.

Provide culturally competent and linguistically appropriate care.

Individuals

Think prevention -- see a healthcare provider annually, even if you feel healthy.

Eat more fruits and vegetables and less fat and sugar.

Get at least 30 minutes of physical activity daily -- taking the stairs burns 5 times more calories than taking the elevator.

Take loved ones to a healthcare provider.

Stop smoking.

Community

Join with others to promote community-wide health activities and campaigns.

Form coalitions with civic, professional, religious, and educational organizations to advocate health policies, programs, and services.

Support policies that promote healthcare access for all.

MORE INFORMATION

CDC's Office of Minority Health and Health Disparities (OMHD)
<http://www.cdc.gov/omhd>

HHS' Office of Minority Health Resource Center (HHS OMHRC)
<http://www.omhrc.gov/OMHRC/index.htm>

National Center on Minority Health and Health Disparities (NCMHD)
<http://ncmhd.nih.gov>

Disclaimer:

Please feel free to download and reproduce these brochures as needed. However, users may not alter the text, graphics or format in any way.

The Centers for Disease Control and Prevention logo featured on these brochures may not be reproduced or used for any other purpose